P.01

Jun 21 2006 10:178M

DeYoung for Supervisor

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	JUN 2 1 2006 2001/02 460
(coronimal costs occided oracle of costs)	Statement covers period from05/21/2006	Date of election if application is application of Date of election if application of Date of Strand OF VOTER OF VOTER OF OF Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/16/2006	06/06/2006
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:
State Candidate Election Committee Recall (Also Complete Part S) General Purpose Committee Spons ored Small Contributor Committee	Primarily Formed Ballot Messure Committee Controlled Sponsored Uso Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☑ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Preelection (Also file a Form 410 Termination) Statement - Attach Form 495 ☐ Amendment (Explain below)
3. Committee information	NUMBER 1261380	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Cathryn De Young/DeYoung for Supervisor		NAME OF TREASURER Catherine Madigan MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	Janis Rojas Mailing address
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
4. Verification		
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/A8K-FPPC (866/275-3772) State of California

p. 2

DeYoung

for

Supervisor

Recipient Committee Campaign Statement Cover Page — Part 2

Tvi	90	Of	print	in	ink.
		••	P		111104

COVER PAGE - PART 2							
CALIFORNIA FORM	460						
Page 2	f _18						

	Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ball	ot Measur	e Committee)	
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Cathryn DeYoung							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND County Supervisor District Number: 5	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDIC	TION		SUPPORT
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP		Identify the controlling of	finabaldar a			
				Identify the controlling of			ate measure	proponent, if a
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
	Related Committees Not included in the	his Statement: List any committees						
	not included in this statement that are controlled contributions or make expenditures on behalf of the controlled in the contributions or make expenditures on behalf of the controlled in the c	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
Į	COMMITTEE NAME	I.D. NUMBER			- 			
		İ						
			-					
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offi	ceholder Co	mmittee <i>u</i>	ist names of
		CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offi) for which th	ceholder Co	mmittee ப primarily form	ist names of ned.
	COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO	7.	Primarily Formed Can officeholder(s) or candidate(s) for which th	OFFICE SOUG	primarily form	SUPPORT
-		☐ YES ☐ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	<i>primarily form</i> GHT OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO O P.O. BOX)			CANDIDATE	is committee is	<i>primarily form</i> GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO O P.O. BOX)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	<i>primarily form</i> GHT OR HELD	SUPPORT
	COMMITTEE ADDRESS (N CITY STATE COMMITTEE NAME	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	primarily form GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (N	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily form GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
-	COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE I.O. NUMBER CONTROLLED COMMITTEE? NO		NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily form GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
-	COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE I.O. NUMBER CONTROLLED COMMITTEE? NO		NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily form GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE I.O. NUMBER CONTROLLED COMMITTEE? NO		NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily form GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

FPPC Form 460 (January/05)
FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

949-276-6903

for

Supervisor

P.03

Campaign Disclosure Statement	Type or print in ink Amounts may be roun	r Jahan da			SUMMARYPA
Summary Page	to whole dollars.	10 E O	State:	ment covers period 05/21/2006	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	06/16/2006	Page 3 of 18
NAME OF FILER			J		1.D. NUMBER
Cathryn De Young/DeYoung for Supervisor					1261380
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column	Gr	Calendar Year Sur Running in Both ti	nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 5,684.00	: 180,2	80 LD	General Elections	
2. Loans Received	705,000.00	2,605,000		1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS		\$ 2.785.2		20. Contributions	·
4. Nonmonetary Contributions	3,996.00		04.00	Received \$	\$
5. TOTAL CONTRIBUTIONS RECEIVED			T :	21. Expenditures	
Add Lines 3 + 4	\$	s 2,823	18-1-60	Made \$	5
Expenditures Made				Everyditure I I-14	C
6. Payments Made Schedule E, Line 4	\$714.255.56	s 2,725,	747.75	Candidates	Summary for State
7. Loans Made Schedule H, Line 3	0.00		0.00		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$714,255.56	\$ 2,725,70	77.75	22. Cumulati	e Expenditures Made
9. Accrued Expenses (Unpaid Bills)	44,207.07	44.20	_		Voluntary Expenditure Limit)
10. Nonmonetary Adjustment	3,996.00		24.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE		· 2,807.9		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		, ,			_ \$
Current Cash Statement		# BTAR TO		<u> </u>	_ \$
12. Beginning Cash Balance Previous Summary Page, Line 18	\$ 63,054.13	for entire el To calculate Colum	Columber On B. add	riod.	
13. Cash Receipts Calumn A, Line 3 above	710,684.00	amounts in Colum	n A to the		
14. Miscellaneous increases to Cash Schedule I, Line 4	0.00	corresponding am from Column 8 of	ounts vour iasi	*Amounts in this section in	nay be different from amounts
15. Cash Payments Column A, Line 8 above	714,255.56	report. Some amo	runts in	reported in Column B,	
18. ENDING CASH BALANCE , Add Lines 12 + 13 + 14, then Bubtract Line 15	\$ 59,482.57	Column A may be figures that should			
If this is a termination statement, Line 16 must be zero.		subtracted from p period amounts.	revious		
17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2	\$ 0.00	the first report being for this calendary	ng filed eat, only		
Cash Equivalents and Outstanding Debts		carry over the am from Lines 2, 7, ar			
18. Cash Equivalents		any).			

for

Supervisor

3. Total monetary contributions received this period.

Schedule Monetary	A Contributions Received	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement cov	•	CALIFORNIA 460			
	ONS ON REVERSE			through06/16/2	1006	Page _	4	of <u>18</u>	
NAME OF FILER Cathryn De	Young/DeYoung for Supervisor					LD. NUM 12613			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FEELF-EMPLOYED, ENTER NAME OF BLEINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)		
06/12/2006	Architects Oxange	□IND □COM ②OTH □PTY □SCC		1,500.00			06	1,500.00	
06/05/2006	B.I.A. of Southern California ID#741733	□IND ©COM □OTH □PTY □SCC		1,000.00			06	1,000.00	
06/05/2006	Barbara Barnes	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	250.00	25	0.00 P	06	250,00	
06/05/2006	Richard DeBlasi	⊠IND □COM □OTH □PTY □SCC	Pres/Owner Cal-State Auto Parts	1,000.00	1,00	00.00 P	06	1,000.00	
06/01/2006	Delta Partners	□IND □COM 図OTH □PTY □SCC		999.00	99	9.00 P	06	999.00	
			SUBTOTAL	4,749.00			Tiring I		
1. Amount re	A Summary accived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	5,499.00	IND-I	ibutor Coo ndividual Recipient	t Comm		
	eceived this period – unitemized monetary contributions			185.00	OTH -	other th. Other (c. Political P	a., bus	or SCC) iness entity)	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCC - Small Contributor Committee

70. 5

Jun 21 2006 10:18AM

DeYoung

f or

Supervisor

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole	be rounded	Statement cov	CALIFORNIA 460					
				through <u>06/16/2</u>	006	Page.	5	of <u>18</u>		
NAME OF FILER						I.D, NU	MBER			
Cathryn De 1	/oung/DeYoung for Supervisor	·				1261	380			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ()FCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	CALENDAR YEAR TO		R ELECTION TO DATE REQUIRED)		
06/02/2006	Ruth Fitzgerald 7	IXIND ☐COM ☐OTH ☐PTY ☐SCC	Jewelry Designer Fitzgerald Jewelrs	300.00	300.00		300.00		P 06	300.00
06/07/2006	C.H.A. Grady	⊠IND □COM □OTH □PTY □SCC	Retired	200.00	200.00		P 06	200.00		
05/30/2006	Sepulveda Bldg Materials	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	2	50.00	P 06	500.00		
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
			SUBTOTAL	\$ 750.00				Programme Civilian		

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

p.6

ת ה

2006 10:18AM

DeYoung

for

Supervisor

SCHEDULE B-PART 1

Schedule B - Part 1		Type or print in		Г	01-1		SCHEDULE B - PART 1			
Loans Received	Am	ounts may be re to whole dollar			Statement cov	ers period	CALIFORN	460		
202.10 1.000.700				·	from05/21	/2006	FORM	700		
SEE INSTRUCTIONS ON REVERSE	•				through 06/16	5/2006	Page 6	of18_		
NAME OF FILER							I.D. NUMBER			
Cathryn De Young/DeYoung for Supervise	or						1261380			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOR	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(I) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Cathryn DeYoung	City Council Member	PENOD		PAID	PERIOD	10.000	Law	CALENDARYEAR		
1	City of Laguna Niguel	700,000.00	0.00	S		RATE %	\$	\$ 1,917,276.00 PERELECTION**		
TED IND □ COM □ OTH □ PTY □ SCC		1	\$	\$	DATEQUE	\$	06/30/2005	\$		
Cathryn DeYoung	City Council Member				DATEBUE		DATE INCURRED			
cutilifia belowing	City of Laguna Niguel	400,000.00	0.00	PAID 5 0.01 FORGIVEN 0.00	. 5	RATE D.00	\$ 400,000.00 02/26/2006	CALENDAR YEAR \$ 1.917,276.00 PER ELECTION ** P06 2,640,344.00		
TE IND COM OTH PTY SCC				-	DATE DUE	,	DATE INCURRED	5		
Cathryn DeYoung	City Council Member			PAID				CALENDARYEAR		
•	City of Laguna Niguel			\$O.00	\$ 300,000.00	%	\$	\$ 1,917,276.00 PER ELECTION***		
TED IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	04/18/2006 DATE INCURRED	PG6 2,640,144.00		
		SUBTOTALS \$	0.00	0.0	0 \$ 1,400,000.00	\$ 0.00				
Schedule B Summary						(Enter(e) on Schedule E, Line 3)	A CONTRACTOR OF THE PARTY OF TH			
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)	•		\$	705,000.00	(tc	ontributor Codes			
2. Loans paid or forgiven this period								emmittee PTY or SCC) business entity)		
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.	-14		NET \$	705,000.00	sc	Y - Political Party CC - Small Contrib	outer Committee		
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC Form	460 (January/05)		
		=			FPPC	Toll-Free Helplin	ne: 866/ASK-FPP	C (888/275-3772)		

SCHEDULE B-PART1

Schedule B – Part 1		Type or print in : ounts may be re		Statement cov	ers period	CALIFORNIA 160			
Loans Received		to whole dollar	3.			L/2006	FORM	^{IA} 460	
						- 			
SEE INSTRUCTIONS ON REVERSE					through06/16	5/2006	Page7	of16_	
NAME OF FILER							I.D. NUMBER		
Cathryn De Young/DeYoung for Supervise	or						1261380		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAMEOF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEMED THIS PERIOD	(a) AMOUNT PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS	
Cathryn DeYoung	City Council Member	10300		PAID	PERIOD	1		CALENDARYEAR	
	City of Laguna Niguel	200,000.00	0.00	\$0.0	- 3	RATE D. 00	05/03/2006	\$ _1,917,276.00 PER ELECTION** P06 2,640,344.00	
TE IND COM OTH PTY SCC		3	,	\ \	DATE DUE	\$	DATE INCURRED	\$	
Cathryn DeYoung	City Council Member			PAID 0.0	0 300,000.00		300,000.00	CALENDAR YEAR 2 1,917,276.00	
	City of Laguna Niguel	300,000.00	0.00	FORGIVEN	0	RATE 0.00	•	PER ELECTION **	
TE IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	3-0.00	DATE INCURRED	\$	
Cathryn DeYoung	City Council Member			☐ PAID				CALENDAR YEAR	
	City of Laguna Niguel			\$FORGIVEN	150,000.00		\$	\$ _1,917,276.00 PER ELECTION ***	
TEN IND COM OTH PTY SCC		\$	150,000.00	—	DATE DUE	0.00	05/22/2006 DATE INCURRED	206 2,640,344.00	
		SUBTOTALS \$	150,000.00	0.0	00 \$ 650,000.00	\$ 0.00	Paris to 177 to		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	H-Julies Consideration	The distant AS SUM	
1. Loans received this period	******************************	**********************		s	705,000.00				
(Total Column (b) plus unitemized loan	s of less than \$100.)			•		ftC	ontributor Codes		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	D paid or forgiven.)			\$	0.00	01	TH - Other (e.g.,	PTY or SCC) business entity)	
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.) y Page, Column A, Line 2.	•••••••••••••••••••••••••••••••••••••••	•••••••	NET \$	705,000.00 May be a negative number)	so	Y - Political Part CC - Small Contrit	outor Committee	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC Form	460 (January/05)	

Type or print in ink.

B • a

Jun 21 2006 10:19AM

DeYoung for

Supervisor

P.08

Schedule B - Part 1		Type or print in	ink.	_			SCH	EDULE B-PART1
Loans Received	ounts may be re			Statement cov	ers period	CALIFORN	IIA ACO	
Loans Received		to whole dolla	rs.		from 05/21	/2006	FORM	^{11A} 460
SEE INSTRUCTIONS ON REVERSE				İ	through 06/16	/2006	Page B	of <u>18</u>
NAME OF FILER						·	I.D. NUMBER	
Cathryn De Young/DeYoung for Superviso	or						1261380	
	15 AN INC. 2011	(a)	(b)	1-1	T (4)	T 72		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE ALSOENTER LD. NUMBER)	IF AN INDMIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS	AMOUNT RECEIVED THIS PERIOD	(a) AMOUNT PAI OR FORGIVE	N CLOSE OF THIS	(e) INTEREST PAID THIS	ORIGINAL AMOUNT OF	CUMULATIVE CONTRIBUTIONS
Cathryn DeYoung	City Council Member	PERIOD	PERIOD	THIS PERIO	PERIOD	PERIOD	LOAN	TODATE
		ļ	•	PAID	_		j	CALENDARYEAR
	City of Laguna Niguel			\$	\$ 100,000.00	%	\$ 100,000.00	\$ 1,917,276.00
·				FORGIVEN		RATE		PER ELECTION **
4		\$	100,000.00	0.0	0	0.00	05/25/2006	P06 2,640,344.00
TE IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	,
Cathryn DeYoung	City Council Member			PAID				CALENDARYEAR
				s	150,000.00	.	150,000.00	<u>s_1,917,276.00</u>
	City of Laguna Niguel			FORGIVEN	,	RATE		PER ELECTION**
•		0.00	150,000.00	0.0	o İ	0.00		P06 2,640,344.00
TE IND □ COM □ OTH □ PTY □ SCC		,	·		DATE DUE	1	05/30/2006 DATE INCURRED	\$
Cathryn DeYoung	City Council Member			☐ PAID				
				. 0.00 □	285,000.00	ļ	285,000.00	CALENDARYEAR
	City of Laguna Niguel		-	5	3	RATE	\$	\$ 1,917,276.00
		0.00	285,000.00	FORGIVEN		19.12		PER ELECTION **
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	_	\$	05/31/2006	P06 2,640,344.00
MIND DOW DOW DAY DISC	***	<u> </u>			DATE DUE		DATE INCURRED	
		SUBTOTALS \$	535,000.00	0.0	535,000.00	\$ 0.00		
Schedule B Summary						(Enlar (e) on Schedule E, Line 3)		
Loans received this period				\$	705,000.00			
(Total Column (b) plus unitemized loans	s or less than \$100.)					(†C	ontributor Codes	
2. Loans paid or forgiven this period				*		INI	D — Individuali	
(Total Column (c) plus loans under \$100	paid or forgiven.)		***************************************	······· # —	0.00	cc	OM Recipient Co	ommittee PTY or SGC)
(Include loans paid by a third party that	are also itemized on Sched	lule A.)				01	TH - Other (e.g.,	business entity)
		•				PT	Y - Political Part	v '' i
 Net change this period. (Subtract Line Enter the net here and on the Summan 	y Page, Column A, Line 2.	•••••••••••••••••••••••	*****************	NET \$	705,000.00 May be a negative number)	رعر	C - Small Contrit	outor Committee
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)						
** If required.	1	J			FPPC '	Toll-Free Helplir	FPPC Form e: 866/ASK-FPF	460 (January/05) C (866/275-3772)

Supervisor

SCHEDULEB-PART 1

Schedule B – Part 1 Loans Received	to whole dollars.				Statement cov	•	CALIFORNIA A 6			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cathryn De Young/DeYoung for Superviso)r		· · · · · · · · · · · · · · · · · · ·		through06/16	/2006	Page9 I.D. NUMBER 1261380	of18		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDMODUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(a) CUMULATIVE CONTRIBUTIONS TO DATE		
Cathryn DeYoung	City Council Member City of Laguna Niguel	0.00	10,000.00	PAID 0.00 5	10.000.00		10,000.00	CALENDARYEAR § 1,917,276.00 PER ELECTION** P06 2,640,344.00		
TEM IND COM OTH PTY SCC		!	\$	·	DATE DUE	s	DATE INCURRED	! ———		
Cathryn DeYoung †☑ IND □ COM □ OTH □ PTY □ SCC	City Council Member City of Laguna Niguel	\$	\$	\$ 0.00 FORGIVEN	. 8	% RATE \$0.00	10,000.00 \$	CALENDAR YEAR \$ _1,917,276.00 PER ELECTION ** P06 2,640,344.00 \$		
			\$	PAID FORGIVEN	DATE DUE	RATE	\$	S PER ELECTION**		
I IND COM OTH PTY SCC		ALIDTOTAL O		<u> </u>		<u></u>	DATE INCURRED	To prompt All the state		
		SUBTOTALS S	20,000.00	0.0	0 \$ 20,000.00	\$ 0.00 (Enter(e) on	10 10 1			
Schedule B Summary						Schedule E, Line 3)				
Loans received this period (Total Column (b) plus uniternized loan		***************************************	••••••	\$	705,000.00		\			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.) t are also itemized on Scheo	dule A.)			0.00	IN CO	Contributor Codes ID — Individual OM — Recipient Co (other than TH — Other (e.g., IY — Political Part CC — Small Contri	ommittee PTY or SCC) business entity)		
3. Net change this period. (Subtract Line Enter the net here and on the Summai *Amounts forgiven or paid by another party also ** If required. 3. Net change this period. (Subtract Line Enter the Party also ** If required.)	ry Page, Column A, Line 2.	_	••••••	, MEI \$	705, 000, 00 May be a negative number)	,	FPPC Form	480 (January/05) PC (866/275-3772)		

2006 10:20AM

for

Supervisor

	etary Contributions Received		Type or print in Ink. Amounts may be rounded to whole dollars.			Statement covers p m 05/21/2006 ough 06/16/2006		CALIFORNIA 460 FORM Page 10 of 18			
NAME OF FILER					L			LD. NUME 126138	BER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV			TE PER EL		R ELECTION TO DATE REQUIRED)		
06/16/2006	Cathryn DeYoung	☑IND □COM □OTH □PTY □SCC	City Council Member City of Laguna Niguel	Office space/rent		1,996.00	1,917,276.00		P 06	2,640,344.00	
05/25/2006	Michael Heath	☑IND □COM □OTH □PTY □SCC	Financial Planner Pinancial Planners & Investment Counsel	Reception		1,000,00	1	,000.00	P 06	1,000.00	
05/25/2006	Lori Koppel-Heath	☑IND □COM □OTH □PTY □SCC	Realtor 1st Team	Reception		1,000.00	1	,000.00	B 08	1,200.00	
		□IND □COM									

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

3,996.00

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.		
(Include all Schedule C subtotals.)	\$	3,996.00
Amount received this period – unitemized nonmonetary contributions of less than \$100	e	0.00

□OTH
□PTY
□SCC

 *Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY-Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

CNS

FIL.

949

1-276

E069-

10:

MHDZ

De

Bunok

9

Supervisor

	AMOORI FAID
	1,575.00
	27,000.00
	12,500.00
SUBTOTAL	41,075.00
\$ <u>_</u>	714,035.75
\$	219.81
\$	0.00
i.) TOTAL \$	714,255.56

RAD radio airlime and production costs

TRC candidate travel, lodging, and meals

TEL. t.v. or cable airtime and production costs.

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

RFD returned contributions

SAL campaign workers' salaries

Schedule E	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA A C O
Payments Made	to whole dollars.	from05/21/2006	FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/16/2006	Page11 of18
NAME OF FILER			I.D. NUMBER
Cathryn De Young/DeYoung for Supervisor			1261380

MBR member communications

office expenses

phone banks

petition circulating

OFC

PET

PHO

POL

POS

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

LEG legal defense LIT campaign literature and mailings		messenger services (legal, accounting)	VOT voter registration WEB information technology costs (int	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS South	СМР	Signs		1,575.00
Civic Research	POL			27,000.00
Forde & Mollrich	CNS			12,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

campaign consultants

CVC clvlc donations

FND fundraising events

Itemized payments made this period. (Include all Schedule E subtotals.)	75
2. Unitemized payments made this period of under \$100	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	56

949-276-6903

12

Schedule E

Type or print in ink. Amounts may be rounded to whole dollars.

	001 100111
Statement covers period	CALIFORNIA 460
from05/21/2006	FORM 400
through 06/16/2006	Page 12 of 18
7.	I.D. NUMBER

					1261380
CO	DES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications		
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airlime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
EVD	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	Independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponso
LEG	legal defense		professional services (legal, accounting)	VOT	voter registration
LΠ	campaign literature and mailings	PRT	print ads		information technology costs (Internet e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Forde & Mollrich	LIT	(See 8 x8 vendre Report)	657,880.27
Impact Placements L.L.C.	СМР	Sign Placement	1,345.00
Jan Rojas	SAL		2,310.00
Rod Frias	СМР		400.00
Rolling Memorial for Fallen Firefighters	СМР		3,000.00
Payments that are contributions or independent expenditures must also be summer.	narized on Schedule D.	SUBTOTAL	L \$ 664,935.27

p. 13

Jun

2006 10:21AM

DeYoung for

Supervisor

Schedule E (Continuation Sheet) Payments Made	Type or pri Amounts may to whole o	be rounded		State	tement covers period 05/21/2006	SO CALIFOR FOR	
SEE INSTRUCTIONS ON REVERSE				throug	h06/16/2006	Page	13 of 1.8
NAME OF FILER Cathryn De Young/DeYoung for Supervisor			:	· L		1.D. NUMBE	
CODES: If one of the following codes accurately described campaign paraphematia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations PIL candidate filling/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings a OFC office exp petition cin PHO phone ban POL polling and POS postage, of	mmunications and appearance enses culating ks I survey resear	s ch ssenger services	RAD (RFD) SAL (TEL) TRC (TRS) TSF (VOT)	describe the payment, radio airtime and production returned contributions campaign workers' salaries to, or cable airtime and production that it is a salaries to the salaries travel, lodging, and staff/spouse travel, lodging, transfer between committee woter registration information technology costs.	luction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR .	DESCRIPTION	OF PAYMENT		AMOUNT PAID
SDGE		OFC					120.91
South County Chambers		MTG					100.00
Trans Pacific Association		OFC			100		33.98
Trans Pacific Association		CNS					7,500.00
Verizon		OFC				•	270 50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 8,025.48

(b) UNT INCURRED HIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
44,207.07	0.00	44,207.07
44,207.07\$	0.00\$	44,207.07
INCUF	RRED TOTALS \$	44.207.07
	PAID TOTALS \$	0.00
	NET \$ ma	44,207.07 y be a negative number
		orm 460 (January/0

Schedule F	
Accrued Expenses	(Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 05/21/2006 through 06/16/2006

			-	
Page _	14	of_	18	

FORM

I.D. NUMBER

1261380

SCHEDULEF

Jun

N

2006

10:

De

Bunok

9

Supervisor

949

276

σ 803

|--|

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* CTB CVC civic donations

candidate filing/ballot fees FIL FND fundraising events

ND independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings

member communications meetings and appearances

OFC office expenses ÆΤ petition circulating

PHO phone banks POL polling and survey research

postage, delivery and messenger services professional services (legal, accounting)

PRO PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor

	The park day	vves information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(2) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Rutan & Tucker	PRO	0.00	44,207.07	0.00	44,207.07
syments that are contributions or independent expenditures must also be martzed on Schedule D	SUBTOTALS	\$ 0.00	44 207 07	0.001	44 202 0

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniterized accrued expenses under \$100.).....

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

C Toll-Free Helpline:	FPPC Form 460 (January/05) 868/ASK-FPPC (868/275-3772)

Z Z D

21

2006

10:

228M

DeYoung

₼ 9

Supervisor

949-276-6903

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in lnk. Amounts may be rounded to whole dollars.	Statement covers period from 05/21/2006	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 06/16/2006	Page 15 of 18
NAME OF FILER Cathryn De Young/DeYoung for Supervisor	•		I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR Porde & Mollrich			1261380

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalla/misc. MBR member communications RAD radio airtime and production costs campaign consultants CNS meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services POS transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bryant Communications	LIT		14,352.56
Cardinal Communications Strategies LLC	LIT		5,379.88
Creative Mailing & Marketing	LIT		138,439.58
Fovea Video Productions	TEL.		5,408.25
Attach additional information on appropriately labeled continuation she	ats		TOTAL* \$ 163,580.27

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

949-276-6903

16

2008

10:22AM

DeYoung

far

Supervisor

U	
•	
ð	
-	

Political Data

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	pe or print ints may be o whole dol	rounded	fre	Statement covers period m 05/21/2006	CALIFO	
SEE INSTRUCTIONS ON REVERSE					ough 06/16/2006	Page	16 of 18
NAME OF FILER Cathryn De Young/DeYoung for Supervisor						I.D. NUMBE 126138	 -
NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich					,		
CODES: If one of the following codes accurately describ	es the payment	, you ma	y enter the code	. Otherwis	e, describe the paymen	t.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees CTB candidate filing/ballot fees CTB candidate filing/ballot fees CTB candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	OFC office exp PET petition cir PHO phone ban POL polling and POS postage, d PRO profession PRT print ads	and appears enses culating iks d survey res delivery and al services	ances search messenger service: (legal, accounting)	RFD SAL TEL TRC TRS TSF	candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration	luction costs d meals and meals s of the same	·
* Payments that are contributions or independent expenditures must ale NAME AND ADDRESS OF PAYEE OR CREDITOR	so be summarized o	cope	e D. OR	DESCRIPTION	N OF PAYMENT		l
(IF COMMITTEE, ALSO ENTER LD. NUMBER) Kalmenson & Kalmenson		TEL		DESCRIPTIO	NOPPAYMENT		1,444.00
Kenny the Printer		LIT					87,962.80
Northlight LTD		TEL					5,416.55

LIT

Attach additional information on appropriately labeled continuation sheets.

TOTAL" \$ 105,406.82

10,583.47

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3772)

Jun 21 2006

10:23AM

DeYoung

407

Supervisor

949-276-6903

Schedule G Type or print in ink.			SCHEDULE G		
Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period			
Contractor (on Behalf of This Committee)	to whole dollars.	from05/21/2006	FORM 460		
SEE INSTRUCTIONS ON REVERSE		through 06/16/2006	Page17 of18		
VAME OF FILER			I.D. NUMBER		
Cathryn De Young/DeYoung for Supervisor			1261380		
Forde & Mollrich	es the navment you may enter the code. C	Otherwise describe the navment			
Forde & Mollrich CODES: If one of the following codes accurately describe	nes the payment, you may enter the code. C	· •			
Forde & Mollrich CODES: If one of the following codes accurately describ CMP campaign paraphernalla/misc.	MBR member communications	Otherwise, describe the payment RAD radio airtims and production RFD returned contributions			
Forde & Mollrich CODES: If one of the following codes accurately describ MP campaign paraphernalla/misc. NS campaign consultants	MBR member communications	RAD radio airtime and production			
Forde & Mollrich CODES: If one of the following codes accurately describe CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions SAL campaign workers' selaries	costs		
Forde & Mollrich CODES: If one of the following codes accurately describe CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/baflot fees	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and production RFD returned contributions SAL campaign workers' selaries	costs uction costs		
Forde & Mollrich CODES: If one of the following codes accurately describe the campaign paraphernalla/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/baflot fees FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' selaries TEL t.v. or cable airtime and prod	costs uction costs 1 meals		
Forde & Mollrich CODES: If one of the following codes accurately describe CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/baflot fees FND fundraising events Independent expenditure supporting/opposing others (explain)*	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' selaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	costs uction costs 1 meals and meals		
CODES: If one of the following codes accurately described compaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' selaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	costs uction costs meals and meals of the same candidate/sponsor		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALGO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheppard Mullin	PRO		4,396.5
Sigma Data Services	LIT		5,050.0
USPS-Long Beach	POS		187,777.9
			107,777.9
JSPS-Mission Viejo	POB		660.0
ttach additional information on appropriately labeled continuation	on sheets.		TOTAL* \$ 197,884.4

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

21

9002

10:23AM

for

Supervisor

FPPC Form 460 (Janua FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275	

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 05/21/2006	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 06/16/2006	Page18 of18
NAME OF FILER Cathryn De Young/DeYoung for Supervisor			I.D. NUMBER 1261380
NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich CODES: If one of the following codes accurately describe	on the narment you may only the and of	Mb	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RPD returned contributions SAL campaign workers' sateries TEL t.v. or cable sirtime and pro- TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs of meals and meals and meals and the same candidate/sponsor

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALGO ENTER LD. NUMBER)	CODE C	DR DESCRIPTION OF PAYME	NT	AMOUNT PAID
USPS-Santa Ana	POS		`	121,824.07
· ·				
QS Enterprises	LIT			18,200.3
•				
	1	·		
		·		
tach additional information on appropriately labeled continuation sheets.			TOTAL	* \$ 140,024,3